Case 12RESCROSGA LOBBER FORM C NYRX PHARMACY INC. 179-07 Union Turnpike, Fresh Meadows, NY, 1 Tel: 718-673-7272 FAX: 718-673-7327	11366	AL COMPOSITE TOPICS TOPICS APPEREGULATIONS GOVERNING COMPOUNDS. THIS FACSIMILE TRANSMISSION IS INTEND MAY CONTAIN INFORMATION THAT IS FXEMPT FROM DISCLOSURE UNDER APPL THE NAMED ADDRESSEE PLEASE DESTROY.	COMPOUNDED TO BE I CONFIDEN ICABLE LAV	IDS ARE AVAILABLE BY PRESCRIPTION ON DCLIVERED TO THE NAMED ADDRESSEE AI ITIAL, PRIVILEGED, AND PROPRIETARY V. IF IT RECEIVED BY ANYONE OTHER TH
NAME:_ ADDRESS:_ PHONE.()ALLERGIES ICD-9/BODYPARTS:		CITY:		ZIP:
LIDOCAINE 5% OINTMENT	121.55	W 700 V 6 0 . 1 6		LIDODERM 5% PAYCH
SIG: APPLY UP TO AFFECTED AREAS TWICES A DAY DISP150200250gr	CeleBREX Z00 MG Oral Capsule DISP:306090			SIG. APPLY UP TO 3 PATCHES TO AFFECTED AREA 12 HOURS ON 12 HOURS OFF
REPILLS	REFILLS	·		DISP: 30 60 90 REFILLS:
DICLOFENAC SODIUM 3% GEL		DICLOFENAC SODIUM 3% GEL 100	GRAM WT) TH LIDOCAINE OINTMENT 5% 150
SIG- APPLY TO AFFECTED AREAS TWICE A DAY DISP		GRAM APPLY TO AFFECTED AREAS TWICE A DISP. 250 GRAMS REFILLS	L DAY	
NAPROXEN 5504G		NEXIUM 20MG		FLEXIRIL SMG
SIG	SIG	and the first own resources and the same of the same o	sig	
DISP3060_00	DISPr_30	6090	DISP	.aoso90
REPILIS	REFILLS RE			\$

PRESCRIBER INFORMATION:

NAME: DENNY RODRIGUEZ

PHONE: (718) 601-1600

STATEMENT OF MEDICAL NECESSITY:

NPI# 1619033677

PHYSCIAN SIGNATURE_

ADDRESS: 170 W 233" STREET SUITE 1A BRONX, NY, 10463

LIC# 242152

SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST-PASS HEPATIC METABOLISM.

TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS

BACLOFEN 20 mg

DISP ___60 ___90 __. 120

DISP. __30 __60 __90

REFILLS ____

REFILLS-

PRESCRIPTION ORDER FORM NYRX PHARMACY INC.

179-07 Union Turnpike, Fresh Meadows, NY, 11366

ALL COMPOUND TOPICAL CREAMS ARE PREPARED IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS GOVERNING COMPOUNDS COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR

Tel: 718-673-7272 FAX: 718-673-7327 EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT RECEIVED BY ANYONE O							
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HDOCAINE 5% OINTMENT	CeleB	RFX 200 MG Oral Capsule		LIDODERM 5% PATCH			
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DICLOFENAC SODIUM 3% GEL		DICLOFENAC SOBIUM 3% GEL 100 GRAM	GRAM WI	TH LIDOCAINE GINTMENT 5% 150			
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BACLOTEN 20 mg	PRESCRI	BER INFORMATION:	·				
SiG.	NAME: I	DENNY RODRIGUEZ					
	ADDRESS	S: 170 W 233™ STREET SUITE 1A B	RONX, N	, 10463			
DISP:6090120	PHONE:	(718) 601-1600					
REFILLS:	NPI # 1619033677 LIC# 242152						
	STATEMEN	IT OF MEDICAL NECESSITY:					
SIG:	SIDE EFFECTS ASSOCIATED WITH OBAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY, WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH THE GASTROINTESTINAL SYSTEMAND DO NOT UNDERGO FIRST-PASS HEPATIC METABOLISM TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS						
DISP:306090	PHYSCIAN SIGNATURE						
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PRESCRIPTION ORDER FORM ALL COMPOUND TOPICAL CREAMS ARE PREPARED IN ACCORDANCE WITH STATE AN REGULATIONS GOVERNING COMPOUNDS. COMPOUNDS ARE AVAILABLE BY PRESCRIPTHIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSED FOR MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRESEMPT FROM DISCLOSURE UNDER APPLICABLE LAW, IF IT RECEIVED BY ANYONE OF THE NAMED ADDRESSED PLEASE DESTROY, COPYRIGHT 2016				nds are available by prescription only. Delivered to the named addressee and NTIAL, PRIVILEGED, AND PROPRIETARY OR W. IF IT RECEIVED BY ANYONE OTHER THAN
NAME:ADDRESS			_ STATE	: ZIP:
COMPOUND 220N: KETOPROFEN POW 40 GRAMS BACLOFEN POW 2 GRAMS LIDOCAINE POW 2.5 GRAMS CYCLOBENZAPRINE POW 2 GRAMS GABAPENTIN POW 6 GRAMS ETHOXY DIGLYCOLLIQ 17 ML PENTRAVAN CREAM 50 GRAMS	FLURBIPI BACLOFE LIDOCAL GABAPEN CYCLOBE ETHOXY	COMPOUND 220W: ROFEN POW 20 GRAMS IN POW 4 GRAMS R POW 5 GRAMS RTIM POW 6 GRAMS ENZAPEUNE POW 2 GRAMS DIGLYCOLLIQ 15 ML VAN CREAM 48 GRAMS		DICLOFENAC SODIUM 3% GEL 100GR WITH LIDOCAINE CINTMENT 6% 50GR APPLY TO AFFECTED AREAS TWICE A DAY DISP: 150 GRAMS
DISP: 120 GRAMS REFILLS: SIG: APPLY TO AFFECTED AREA TID NAPROXEN SEGME	DISP: 100 GRAMS REFILLS: SIG: APPLY TO AFFECTED AREA TID MOBIC TABS 15MG			REFILLS:
SIG: 7 Tab DO B/1) DISP: 1/00 X600 120 REFILLS:		SIG:		
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DISP:306090 REFILLS:	DISP:30_ REFILLS:	6090 .		3060_90
CeteBREX 200 MG Oral Capsule DISP:306090	PRESCRIBER INFORMATION: NAME: CLAUDIA H GERIS			;
SIG:	ADDRESS: 513 CHURCH AVE, BROOKLYN, NY, 11218 PHONE: 718-586-0860			•
DICLOFENAC SODIUM 3% GEL	NPI # 1306170428 LIC# 006939 STATEMENT OF MEDICAL NECESSITY: SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS			
SIG: APPLY TO AFFECTED AREAS TWICE A DAY DISP:100000300	ARE USED TOPICALLY, WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ASSORBED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST-PASS HEPATIC METABOLISM. YOPICAL CREAMS/PATCHES WILL BE USED IN CONSUNCTION WITH LOWER DOSES OF GRAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF GRAL MEDICATIONS.			
REFILLS:	PHYSCIAN SIGNATURE Date:			

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i	· WELLMARY RX INC.		USBOTH HOWS GOVERNING C	OMPOUNDS, COMPOUND	is are available by prescription only.
-	. 219-18 JAHAICA VE QUEENS VILLAGE NY, 11		THIS FACSIMILE TRANSMISSI	on is intended to be ci	ELIVERED TO THE NAMED ADDRESSEE AND
	THE WAR AT GOETUS MITTARE MA'14	428	EVENTAL TOTAL TITTO ON THE	ON THAT IS CONFIDENT	IAL PRIVILEGED, AND PROPRIETARY OF
	TEL: 718-704-0808 FAX: 718-704-0818	}	THE MAMED ADDRESSES PLEA	UNDER APPLICABLE LAW,	IF IT RECEIVED BY ANYONE OTHER THAN
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	COMPOUND KETOPROFEN:		-		· · · · · · · · · · · · · · · · · · ·
133	TOPROFEN POW 60 GRAMS		COMPOUND FLURBIPR	DEEN	LIDODERM ESS PAYOR
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1 63	CLOSENZAPRINE DOW & CDANG	LIDOGA	in pow 5 grams		FFECTED AREA 12 HOURS ON 12
) Ga	BAPENTIN POW 9 GRAMS	GABAPI	entripow 5 grams		lours off
57	HOXY DIGLYCOL LIQ 26.25 ML	CYCLOR	enzaprine pow z grams		
PE	ntravan cream 75 grams	ETHOX	Y DIGLYCOLLIQ 15 ML	and are charter have a	30 60 90
1		PENTRA	WAN CREAM 48 GRAMS		
Dr	SP: 180 GRAMS REFILLS:	TOTAL TO	70.000.00	9 4 (47 Ba) 13 14 6"	F
i i	a court & Heldell Charles	D156: 10	IO GRAMS REFI	MS - A -	
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	LIDOCAINE DINTHENT 5%	,		DICLOPENAC SODIUM	
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10 26 18 (20 1:20 cv-05821-RMC Document 1-4 Filed 12/01/20 Page 6 of 1

Case 1:20-cv-05821-BMC Document 1-4 <u>Filed 12/01/20</u> Page 6 of 15 PageID #<u>:</u> 129 PRESCRIPTION ORDER FORM ALL COMPOUND TOPICAL CREAMS ARE PREPARED IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS GOVERNING COMPOUNDS. COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY. NYBX PHARMACY INC. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR 179-07 Linion Turnpike Fresh Meadows, NY, 11266 EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT RECEIVED STANYONE OTHER THAN Tel: 718-678-7272 FAX: 718-673-7327 THE NAMED ADDRESSEE PLEASE DESTROY, COPYRIGHT 2026 D.O.B!_____ NAME: __ D.O.A:___ ADDRESS:_ STATE: PHONE:(___) _____ ALLERGIES: ICD-9/BODYPARTS:__ IBUPROFEN TABS 600 MG NAPROXEN SSCMO UDDOMINE 5% OINTHENT SIG: APPLY UP TO APPECTED AREAS TWICES A DAY DISP:__100 __150 ___200__250gr DISP: 30 60 90 DISP: ___30 ___60__90 REFILLS: REFILLS: REFILLS:_ DICLOFENAC SODIUM 8% GEL DICLOFENAC SODIUM 8% GEL 100 GRAM WITH LIDDICAINE UNINENT 5% 100 SIG: APPLY TO AFFECTED AREAS TWICE A DAY APPLY TO AFFECTED AREAS TWICE A DAY DISP: 100 200 300 Grams DISP: 200 GRADIS REFILLS: REFILLS:_______ CeleBREX 200 MG Oral Capsule FERNOMO NEXTURE 2011G sic:_ DISP:__20___60___90 DISP: __39 ___60 ____90 REFILLS: REPILLS:__ PRESCRIBER INFORMATION: BACLOFEN 10 mg MD. NAME JOSEPH JIMENEZMETRO PAIN SPECIALIST PC ADDRESS: PHONE: 718-039-3103 2451 E. Tremont Ave Bronx, NY 10461 DISP:___60___90___120 REFILLS: NPI *1437310448 uc# 28955| —|

STATEMENT OF MEDICAL NECESSITY:

PHYSCIAN SIGNATURE

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DISP:__30__60__90

REFILLS:

GIDE EFFECTS ASSOCIATED WITH OBAL ADMINISTRATION CAN OFTEN DE AVOIDED WHEN MEDICATIONS

are used topically. When medications are administered topically, they are not absorbed Through the gastrointestinal system and do not undergo pirst-pass heatic meyabolism.

Topical Creans/Payches will de used in contunction with lower duserof gral Medications to prevent depended<u>e and side</u> effects of gral medications

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PRESCRIPTION ORDER FOR	M	ALL COMPOUND TOPICAL	CREAMS ARE PREPARED IN ACCORDANCE WITH STATE AND FED
		RESULATIONS GOVERNIN	s compounds are available by prescription o
WELLMART RX INC.		THIS FACSIMILE TRANSMI	SSION IS INTERNOED TO BE DELIVERED TO THE NAMED ADDRESSEE.
219-19 Jamaica ve queens village n	7.1142s	MAY CONTAIN INFORMA	ation that is confidential applicated, and proprietary
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Ry#-600cm no.		avan cream 48 grams	18.0.3.12.0 E001H-31.4.23.424-7-32.4 42.00 m 20.
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#: 200 DYCH AVE STATEN ISLAND	,		साधारम् इति विकास
Dr FERSEL JORDAN (718)355-9222 Les # 16376 68	462-0355-94	PLY TO AFFECTED AREA TIC	विद्वारिक पूर्व के प्रतिहासिक के किए के विद्वारिक के किए किए क
248 WARNVRIGHT AVE STATEN ISLAND NY 10312 #: 200 DICLOFENAC GEL 3% Briegs 10 NOAN (719355-922 Let # 162725 DEA # Copay SO 00 Ins Pard \$2269 56 Author		and and any and the	
	_		DICLOFENAC SODIUM 3% CEL
apply to appected areas twice a day			, , , , , , , , , , , , , , , , , , , ,
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REFILLS:___

ALL COMPOUND TOPICAL CREAMS ARE PREPARED IN ACCORDANCE WITH STATE AND FEDERAL PRESCRIPTION ORDER FORM REGULATIONS GOVERNING COMPOUNDS, COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY. NYRX PHARMACY INC. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR 179-07 Union Turnpike Fresh Mendows, NY, 11366 EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW, IF IT RECEIVED BY ANYONE OTHER THAN Tel: 718-673-7272 FAX: 718-673-7827 THE NAMED ADDRESSEE PLEASE DESTROY, COPYRIGHT 2016. NAME: D.O.8: `` ADDRESS:__ PHONE:(___)_ ____ ALLERGIES:_ ICD-9/BODYPARTS:___ IBUPROFEN TABS GOD MG LIDOCANE 514 CHATRIENT NAPROXEN 550MG SIG: APPLY UPTO AFFECTED AREAS TWICES A DAY DISP:__100 __150 ___ 200 __ 250gr DISP: __30 __60 _90 DISP: __30 __60_90 REFILLS: REFILLS:____ REFILLS:_ DICLOFENAC SODIUM 8% GEL 100 GRAM WITH LIDOCAINE DIVINENT 5% 100 DICLOFENAC SODIUM 3% GEL SIG: APPLY TO AFFECTED AREAS TWICE A DAY APPLY TO AFFECTED AREAS TWICE A DAY DISP:__100__200__300 Grams DISP: 200 GRAMS REFILLS: FLEXIRUL 10MG NEXTURE 20MG CeleBREX 200 MG Oral Cansule SIG: DISP: __30 __60 __90 DISP: __30 ___60 ___90 DISP:__30__60___50 REFILLS:_ REFILLS:___ REFILLS:____ PRESCRIBER INFORMATION: BACLOFEN 10 mg NAME JOSEPH JIMENEZMETRO PAIN SPECIALIST PC ADDRESS: PHONE: 718-239-3123 2451 E. Tremont Ave Bronx, NY 10461 DISP:___60___90___120 REFILLS:____ NPI #1437310448 ис# 28955/-STATEMENT OF MEDICAL NECESSITY: SIDE EFFECTS ASSOCIATED WITH GRAL ADMINISTRATION CAN OFTEN BE AVOIDED WIEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORDED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST-PASS REPATIC METABOLISM. SIG TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF ORAL medications to prevent dependence and side effects of oral medications DISP:__30 __60 __90 PHYSCIAN SIGNATURE

1PA 90 5 10 11)
10/04/2018 1:25/96v-05821-BMC Document 1-4 Filed 12/01/20 PANE 9 of 15 PageID #P.017/2030 PRESCRIPTION ORDER FORM ALL COMPOUND TOPICAL CREAMS ARE PREPARED IN ACCORDANCE WITH STATE AND PEDERAL regulations governing compounds, compounds are available by prescription citly. WELLMART RX INC. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND 219-13 Jamaica ve queens village NV,11428 MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR exempt from disclosure under applicable law. If it received by anyone other than TEL: 718-704-0808 FAX: 718-704-0818 THE NAMEO ADDRESSEE PLEASE DESTROY, COPYRIGHT 2016 NAME: D,O.4: ADDRESS.__ STATE: ZIP: PHONE:(__) ALLERGIES: ICD-9/BODYPARTS:_ COMPOUND KETOPROFEN UDODERM 5% PAYCH COMPOUND FLURBIPROFON: KETOPROFEN POW 60 GRAMS FLURETPROFEN FOW 20 GRAMS BACLOFEN POW 3 GRAMS BACLOFEN POW 4 GRAMS sig: apply up to 3 patches to LIDOCAINE POW 3.75 GRAMS LIDOCAIN FOW 5 GRAMS Affected area 12 hours on 12 CYCLOBENZAPRINE POW 9 GRAMS GABAPENTIN POW 6 GRAMS HOURS OFF Gabapentin fow 9 grams CYCLOBENZAPRINE POW Z GRAMS ethoxy diglycol liq 36.25 ML ETHOXY DIGLYCOL LIQ 15 ML 90 ___ 60 ___ 90 PENTRAVAN CREAM VS CRAMS Pentravan Cream 48 Grams DISP! 180 GRAMS REFULS: DISP: 100 GRAMS REFILLS: refills: SIG: APPLY TO APPECTED AREA TID sig: apply to appected area to LIDOCAINE DINTHEVI SY BICLOFENAC SODIUM BY SEL APPLY TO AFFECTED AREAS TWICE A DAY SIG: APPLY TO AFFECTED AREAS TWICE A DAY DISP: ____100 ____150 ___200 ___250 Gratus 100 (26c) 300 Grams REFILLS श्टामायस NAPROXEN 55046 NEXIUM 20MG FLEXIRIL TOMG SIG: SIG: SÍĠ: DISP:___60__90___120 DISP:__30__60__90 DISP:___50___60___90 REFILLS:_

REFILLS.

PRESCRIBER INFORMATION:

NAME: JORDAN FERSEL M.D. PHONE: 718-356-9222

STATEMENT OF REDICAL NECESSITY:

NPT# 1881685519

PHYSCIAN SIGNATURE

Dates

CeleBREX 200 MG Oral Capsule

DISP:__30___60___50

DISY:__30__60__90

Refills:

REFILES:

REFILLS:__

SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS are used topically, when medications are administered topically, they are not absorbed Through the gastrointestinal system and do not underco prest-pass Repatic Metabolism. Topical creams/patches will be used by conjunction with lower doses of oral MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS

UC# 049662 NY 162725

PHYSICIAN ORDER

NAME:	D.O.B:		D.O.A: 10-2-18				
ADDRESS:	_CITY:	STATE	ZIP:				
TEL:ICD-9/BODY PART	ICD-9/BODY PARTS						
MELOXICAM 15MG			PENNSAID (DICLOPENAC) 1.5% SOLUTION				
QTY: 36 TABS	QTY: 15	0 GM	QTY: 150 ML				
SIG: TAKE ONE TABLET DAILY WITH FOOD.	SIG: APPLY 1-2 C TIMES A DAY AS PAI	needed for	SIG: APPLY 40 DROPS TO AFFECTED AREA 4 TIMES A DAY.				
REFILLS:	REFILL	S:	REFILLS:				
LIDODERM 5% PATCH	DICLOFENAC		CELEBREX 200 MG ORAL CAPSULE				
QTY: 30 60 90	QTY: 100G	M 200GAP	QTY: 30 CAPS				
SIG: APPLY 1-3 PATCHES TO AFFECTED AREAS FOR 12 HOURS DAILY.	SIG: APPLY TO AREAS TWI		SIG: TAKE ONE CAPSULE A DAY				
REFILLS:	REVILL	s: \$	DEFILES:				
RUG:	Prescriber info	rmation:					
IG:	name: <u>RADHI</u>	A K. GARI	9				
TY:	PHONE: 7/8-	835-410	79				
REFILLS:	NEW /92235	4547					
	ис <u>я 2376/2</u>						
PHYSCIAN SIGNATURE:	DATE: 10-10	Dow					
•	DATE: 10-10	<u>~18</u> ····	• • • •				

PRESCRIPTION ORDER FOR NVRX PHARMACY INC. 178-07 thiten Turnpike Fresh Meadows, N Yel: 718-673-7272 FAX: 718-673-7	V, 113ÚB	REGULATIONS GOVERNING COMPA THIS FACSIMILE TRANSMISSION IS MAY CONTAIN INFORMATION TO	DUNDS, COMPOUI INTENDED TO RE HAT IS CONFIDEN IR APPLICABLE LAI	n accordance with State and Federal YDS Are available by Prescription only Oblivered to the Hamed Addressee and Vial, Privileged, and Proprietary of W. If It received by Anyone Other Than It 2018	
NAME: ADDRESS: PHONE:() ALLERGIES:	. NKT	p.o.b; 	D.O.C	a. 09/20/18	
ICO-9/80DYPARTS:					
SIO: T TO B PO QC		равоох обхоля	V - V	Lidocaine 5% ointrient Sig. Apply up to affected areas Twicks a day	
DI\$P:106090	DISP1.		• • • • • • • • • • • • • • • • • • • •	DISP100450200250gr	
REFILLS	hefil	15	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REFILLS	
DICLOFENAD EDDIUM S% GEL SIG: APPLY TO AFFECTED AREAS TWICE A DAY DISP:100100300 Grains REFILLS:		Gram APPLY TO AFFECTED AREAS T DISP; 200 CRAMS REPULS:	•	TH LIBOCAINE CINTMENT 6% 100	
GEICHBEE 200 MG Oral Cansula	sic:	NEXUM COMO	SIG1	ELEXIBIL TOWG	
p/se:306090	1	306090		DISP:806090	
REFILLS:	ABFILLS:		REFILL	REFILLS:	
BACLOFEN 10 mg		Boubert Ca 1817 So other	rline, n.Blvo	PA L BIONX-NY 1048	
DISP:6096120 REPILLS:	NPI # [PHONE: 929 - 259 - 950 Z NPI # 1 80 1/854 18 LIE# 00 8145 SYSTEMENT OF MEDICAL NECESSITY:			
. sig:	ARE USE THROUGH YOPIGAL	d topically. When medications	aré administer And do not um In comuniction		
nisp:106090	PHVSCI/	AN SIGNATURE 10/4	1/18		

1 2 3 0 3 0 10 10 20 18 1 : 209:44/-05821-BMC Document 1-4 Filed 12/01/20 Parks 12 of 15 Page D # 009/012

PRESORIPTION ORDER FORM		REGULATIONS GOVERNING COMPOUNDS: COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY.				
· WELLMART BX INC.		THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND				
219-13 Jamaica ve queens village NV,1142s		MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR				
TEL: 718-704-0508 FAX: 718-704-0518		EXEMPT FROM DISCLOSURE U	nder applicable La	wave it received by anyone other than		
100-110-704-0808 FAX; 718-704-0818	<u>, </u>	THE NAMED ADDRESSEE PLEAS	e destroy, copyrig	HT 2015 CE 1		
MANON.						
NAME:		D.O.B:	5.o.	AL.		
ADDRESS:		CITY:	\$1.37	ZP		
PHONE:(_)ALLERGIES:		1	Par ' or C	" then		
ICD-9/BODYPARTS:		*				
RED-5/BODTPARIS		*4				
		7.3		1 1 1		
COMPOUND RETOPROFERS		COMPOUND FLURBIPRO	IFEN:	UIDODERSI 5% PATCH		
Ketoprofen pow 60 grams Baclofen pow 3 grams		iprofen pow zo grams Fen pow 4. Grams		SIG APPLY UP TO 3 PATCHES TO		
LIDOCAINE POW 3.75 GRAMS	• • • • •	AIN POW S GRAMS		Affected Area is hours on is		
CYCLOBENZAPRINE POW 3 GRAMS		entin pow 6 grans	· · · · · · · · · · · · · · · · · · ·	HOURS OFF		
GABAPENTIN POW 9 GRAMS		BENZAPRINEROW 2 GRAMS	المالية بأدران وموجود المالية بأدران في الموجود المالية والما في الموجود	to a car of a plant of the car of		
ETHOXY DIGLYCOL LIQ ZG25 ML		iy diglycol liq as ml Man cream 48 grams	2 32 762 965 26 542 50 MASS	"DISP)		
x#:60064 Rf# 0 9/7/2018 GC	*****		ารเกิดตร เรียก	Disp*** 54 30 10 60 90		
-	DISP: 1	100 GRAMS 😭 😁 🐪 REF	las _{tas es} es	pust, ark ythers o tokin o ,		
: 30 ft/Anidine HCL TAB 4MG 57664-0503-89 FERSEL, JORDAN (718536-9212 Lic # 167725 DEA # ppay 50 00 lbs Paid \$48 95 Auth#	m/m. s			ABBLITZON LAND		
opay \$000 Ins Paid \$48.95 Auth#	316: 3	PPLY TO AFFECTED AREA TO	Stable Section is	THE SHOW IN THE		
LIDOCAINE OINTMENT 5%		1 / / / / / / / / / / / / / / / / / / /	DICLOFFNAC SQL	The state of the s		
APPLY TO APPECTED AREAS TWICE A DAY		de control de la				
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Karious(REFILLS: 1 L	a the state of the same or market the	Pizanidne 44		
NAPROXEN 550MG		NEXIUM 20MG		- THEXISTERONG		
\$1G:		•		SING OHE		
	21G1	The production of a	- SIGN	The state of the s		
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REFILLS.	REFILLS:_		REFILLS			
CeleBREX 200 MG Oral Capsule		Mary de.	يَسَدُ لِلسَّالِ الْسَالِ	The state of the s		
CENSOREY COO MICCOLAI CABADIS	PRESCRI	per information:	بالواق الأساب	72.9-2717 43 T		
DISP:306090	NAME: J	ordan fersel M.D.	12 200			
				्राच्चर सम्बद्धाः ४०००		
STG:	PHONE:	718-856-9222: 🤼 '	水洗洗涤	徐慧· [- // · · · · ·]		
	NPI # 12	381685519	11/4/26/2016/201	परिभूगिर या व		
Jackson a m		*		,		
REPULS:	STATEMEN	t of medical necessity.	as top in a sect	· - · - · '~ - ! _		
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SIDE EFFECY'S ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICAT ARE USED TOPICALLY, WHEN MEDICATIONS ARE ADMINISTERED YOPICALLY, THEY ARE NOT ABSO						
\$IG:	THE GASTROINTESTINAL SYSTE	M AND DO NOT UND	ERGO FIRST PLASS HEPATIC METABOLISM.			
TOPICAL CREAMS/PATCHES, WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF GRAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS.						
DISP:506090	PHYSCIA	SIGNATURE TO COLOR		Transfer of the second		
REFILLS:	Date:	8 29 18	14.4	have been store to be a		
	7 77 30		1	Towns Fire to the San		
,		Company.	1 (See)	10% 40 miles		

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1 ^{Page} 17	18 8)						
	Case 1:20 ESCHOEDON-CRUER FORM	ument 1 444 COMPOUND 200 CALZSKAMF ARCYCEPIRED OF ACCOMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY					
	· WELLMART RX INC.		THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSES AS				
	219-18 JAMAICA VE QUEENS VILLAGE NY,1149		MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL PRIVILEGED, AND PROPRI				
	TEL: 718-704-0808 FAX: 718-764-0818				W. If it received by anyone other than		
	Manuscript Control of the Control of	,	The named addressee Please Destroy, Copyright 2016				
	NAME:		D.O.B:	D.O_	A:		
	ADDRESS:		CITY:	STEATER	ZIP:		
	PHONE:[] ALLERGIES:		****	TITE OF LIFE TO	2157-1-1-1		
	ICD-9/BODYPARTS		4				
	7000000000	· · ·			*		
	COMPOUND KETOPROFEN						
	RETOPROFEN POW 60 GRAMS	FLURB	COMPOUND FLURSIPROFEL IPROFEN POW 20 GRAMS		UDODERM 5% PATCH		
	Baclopen fow 3 grams Lidocaine fow 3.75 grams	RACLO	Fen Pow 4 Grams		sig: Apply up to 3 patches to		
	CYCLOBENZAPRINE POW 3 GRAMS		ain fow 5 grams Entin fow 6 grams		AFFECTED AREA 12 HOURS ON 12 HOURS OFF		
	Gabapentin pow 9 grams Sthoxy diglycol liq ze25 ml	CYCLO	BENZAPRINE FOW 2 GRAMS		nound ore		
	PERTRAVAN CREAM 75 GRAMS	PENTR	Y Diglycol Liq 15 ml Avan Cream 46 Grams		DISP: 30 60 90		
			00 grams refiles				
	SIG: APPLY TO AFFECTED AREA TID	Sto. Al	SIG: APPLY TO AFFECTED AREA TID		REFILLS:		
	LIDOCAINE GINTMENT 5%	1	.,	***************************************	<u> </u>		
			OUCTODENING SOUTH SIX CET				
	apply to affected areas twice a day	SIG: APPLY TO AFFECTED AREACTWICE A DAY					
	DISP:100150200250 Grains	DISP:100 200_ 600 Grans					
	REFILLS		RESTILLS:				
	NAPROXEN 650M6		NEXTUA 20MG	1	FLEXIFIC TOMAG		
	sig:	SIG:		DISF:306090			
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	DISP:6090120		P. Communication of the second				
		DISP:30)\$0				
	REPILLS:	KEFELS:_	***************************************	REFILLS			
	CeleBREX Z00 MG Oral Capsule	PRESCRIE	FER INFORMATION:	<u></u>	100		
	DISP: _306090	NAME: JO	ame. Jordan Fersel M.D.				
	\$16:	PHONE: 7	PRONE 718-356-9222				
		WF # 1581685519 UC# 049662 NY 162725					
	REFILLS:	PATEMENT OF MEDICAL NECESSITY					
	51G:	effects associated with oral administration can often be avoided when medications sed topically, they are not absorbed ugh the gastrointestinal system and do not undergo first-pass repatic metabousm al creams/patches will be used in conjunction with lower doses of oral lations to prevent dependence and side effects of oral medications					
	DISP:306090	PHYSCIAN SIGNATURE A .					
	Parilis:	Date:	entiplis				
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6Pag 8 19 Case 1:20-cy-05821-BMC Document 1-4 Filed 12/01/20 Page 14 of 15 PageID #: 137 PRESCRIPTION ORDER FORM ALL COMPOUND TOPICAL CREAMS ARE PREPARED IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS GOVERNING COMPOUNDS. COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY. NYRX PHARMACY INC. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR 179-07 Union Turnpike, Fresh Meadows, NY, 11366 EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT RECEIVED BY ANYONE OTHER THAN Tel: 718-673-7272 FAX: 718-673-7327 THE NAMED ADDRESSEE PLEASE DESTROY, COPYRIGHT 2016 NAM __ D.O.B:______ D.O.A:___ ADD CITY: STATE: ZIP: PHONE:(___)_ _____ ALLERGIES:___ ICD-9/BODYPARTS:___ IBUPROFEN TABS 600 MG NAPROXEN 550MG · LIDOCAINE 5% OINTMENT SIG: APPLY UP TO AFFECTED AREAS TWICES A DAY DISP:__ 100 ___150 __ 200 __ 250gr DISP.__30 __60_90 DISP: ___30 ___60__90 REFILLS-_ REFILLS:____ REFILLS:__ DICLOFENAC SODIUM 3% GFL DICLOFENAC SODIUM 3% GEL 100 GRAM WITH LIDOCAINE OINTMENT 5% 100 SIG: APPLY TO AFFECTED AREAS TWICE A DAY APPLY TO AFFECTED AREAS TWICE A DAY DISP:__100__200__ 300 Grams DISP: 200 GRAMS REFILLS:____ CeleBREX 200 MG Oral Capsule NEXIUM 20MG FLEXIRIL 10MG SIG:_ DISP:__30_ 60 2 90 DISP: __30 ___60 ___90 DISP: __30 __60 __90 REFILLS: REFILLS:____ REFILLS:__ BACLOFEN 10 mg PRESCRIBER INFORMATION: NAME: HOWO-ROLD BOUM ADDRESS: 108-2:5- MERRICH BLVD PHONE 718/658-9700 Famoica MY NY REFILLS:_

STATEMENT OF MEDICAL NECESSITY:

PHYSCIAN SIGNATURE_

DISP: __30 __60 __90

REFILLS:___

SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST-PASS HEPATIC METABOLISM.

TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS

o[™]f^g28 19 Gase 1:20 RESCRIPTION ORDER FORM ALL COMPOUND TOPICAL CREAMS ARE PREPARED IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS GOVERNING COMPOUNDS, COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY. NYRX PHARMACY INC. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR 179-07 Union Turnpike, Fresh Meadows, NY, 11366 EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT RECEIVED BY ANYONE OTHER THAN Tel: 718-673-7272 FAX: 718-673-7327 THE NAMED ADDRESSEE PLEASE DESTROY, COPYRIGHT 2016 Νź ___ D.O.A:___ __ STATE:____ ZIP:___ ____ ALLERGIES:___ PHONE:(__)____ ICD-9/BODYPARTS:___ IBUPROFEN TABS 600 MG NAPROXEN 550MG · LIDDCAINE 5% OINTMENT SIG: APPLY UP TO AFFECTED AREAS TWICES A DAY DISP:__ 100 ___150 __ 200 __ 250gr DISP: ___30 ___60__90 DISP:___30 ___60__90 REFILLS.___ REFILLS: REFILLS: DICLOFENAC SODIUM 3% GEL DICLOFENAC SODIUM 3% GEL 100 GRAM WITH LIDOCAINE OINTMENT 5% 100 SIG: APPLY TO AFFECTED AREAS TWICE A DAY APPLY TO AFFECTED AREAS TWICE A DAY DISP.__100__200__300 Grams DISP: 200 GRAMS REFILLS:_ REFILLS:____ CeleBREX 200 MG Oral Capsule NEXIUM 20MG FLEXIRIL 10MG SIG: DISP: __30___60 <u>-</u>__90 DISP __30 ___60 ___90 DISP: __30 __60 __90 REFILLS. REFILLS:____ REFILLS:___ BACLOFEN 10 mg PRESCRIBER INFORMATION: NAME: HOWORD & BUM ADDRESS: 108-25 MERRICH BLVD PHONE (718/658-9700 Jameica MY) 14 DISP: ___60 ___90 ____120

BACLOFEN 10 mg

SIG: ______

DISP: __60 __90 ___120

REFILLS: ____

SIG _____

DISP: __30 __60 __90

REFILLS:____

NPI # 106352 928 AGC# 184624

STATEMENT OF MEDICAL NECESSITY:

SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST-PASS HEPATIC METABOLISM. TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS

PHYSCIAN SIGNATURE

Date!